V. S. No. 1

STATE OF MARYLAN	ID—CERTIFICATE OF DEATH 5496
. PLACE OF DEATH	82-2
County Harford	Registration Dist. No. 182
	No. St. Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth?
2. FULL NAME Voseph W. Are (a) Residence: No. Buscu 90 (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDO OR DIVORCED (write the Warries	
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Druse la K. archer	22. I HEREBY CERTIFY. That I attended deceased from May 17. 1926, to May 14. 1937.
6. DATE OF BIRTH (month, day, and year) Vessee 28 7.  7. AGE Years Months Days If LESS	
84 11 16 1day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this programme) and specific this contraction (month and this programme).	were as follows: Cerebral edema unknown
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of Importance:
13. NAME  Tokus  Anches  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hannah Stainer  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Robert C. Journ	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) David Will Park  18. BUBIAL, CREMATION, OR REMOVAL  Place  Place  A TOTAL Date May 16 T.	Manner of injury  Nature of injury
19. UNDERTAKER (Address)  12/7  Paul ST	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 14, 1937 MC Rechards	(Signed) M. D. (Address) 132 an Ud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Chronic interstitial nephritis 1921 Run over by street car	
Chronic interstitial nephritis  Cerebral hemorrhage  JUN  1921  Run over by street car  July 5,1927  Peritonitis	Date of onset
Cerebral hemorrhage JUN July 5,1927 Peritonitis	1 week ago
BOKE V. S.	1 week ago
	3 days ago
Other contributory causes of importance:	
Other contributory causes of importance.	
Gallstones May 1,1923 Gastroenteritis	1 year

V. S. No. 1

item of infor-	should state	of OCCUPA.	1
I RECORD. Every	Y. PHYSICIANS	Exact statement	
A PERMANENT	ated EXACTL	operly classified.	tificate.
HIS IS	l be st	v be pr	to of cer
3. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	
1. PLACE OF DEATH	5497
County Harford	Registration Dist. No. 184
Village or Sity 6 while	NDSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME dallie E, Bas	Snamuf U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX. 4. COLOR OR RACE 5. SMGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widows and increed	21. DATE OF DEATH    17
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than  1 day,	I HEREBY CERTIFY, That I attended deceased from  1937, to 7, 1937, 1937  I last saw Men alive on Many 17, 1937; death is said to have occurred on the date stated above, at 2 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPR, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Were as follows:  Writerio activosis happenting  Wasterio activosis happenting  Date of onset  Date of onset  Date of onset
(State or country)  13. NAME COLORS  14. BIRTHPLACE (city or town) Floyd  (State or country)	Name of operation
15. MAIDEN NAME Islian Pitterman 16. BIRTHILAGE (city or town) 17. INFORMANT Eldrige Basham (Address)	What test confirmed diagnosis?
18. BURIAL, CREMATION, OR REMOVAL Cerv. May 19,19 37	Manner of Injury
19. UNDERTAKER St. & Bailey (Address) L9 arlington Mid 20. FILED May 18, 19.37, M. W. Kirke Registrar.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)
If more blanks are needed, address State Registrar	2417 N. Charles Street Baltimore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	D-1-15	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

1	1. PLACE OF DEATH	(36)
	County Harford	Registration Dist. No. 18
		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Our Weilley / 300	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Colored 5. SINGLE, MARKED, WID word,	21. DATE OF DEATH 23 , 193 7 (Month) (Day) (Yeer)
	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from 4-17-37, to 5-23-, 198.7
te.	6. DATE OF BIRTH (month, day, end yeer) Curgust 28 1889	I last saw h. elive on 22, 19.37; deeth is sald
certificate.	7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et. 2:19 M 222  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEPER, etc.	acute arthritis mesoine a 4.9-37
back	9. industry or business In which work wes done, as SILK MILL, On Fram. SAW MILL, BANK, etc	Subscute Backens and month
	11. Totel time (yeers) this occupation (month end 1936 year) 11. Totel time (yeers) spent in this occupation	Endo-Cardetis 4-17-37
instructions on	12. BIRTHPLACE (city or town) Harford Cr., (State or sountry)	Other Contributory Causes of importance:
nstr	W 13. NAME IN THE BOND	
See i	14. BIRTHPLACE (city or town) Starford Co., (State or country)	Name of operation
	E 15. MAIDEN NAME Sarah Prica	Whet test confirmed diagnosis? Was there an autopsy?
important.	16. BIRTHPLACE (city or town) Harford Co., (State or country)	Accident, suicide, or homicide?
ry imp	17. INFORMANT Diana James	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18, BURIAL, CREMATION, OR REMUVAL Place Torannalimote May 27, 1937	Manner of injury
NOIT	19. UNDERTAKER St. S. Bailey	24. Wes disease or injury In eny wey related to occupetion of deceased?
()	20. FILED May 26, 19.37, M. O. Fink	if so, specify (Signed) (Signe

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Example I		Example II	,
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	V915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	2 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Registration Dist. No.  Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city of fown where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME (Usual place of Abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (variet the word)  Therefore the widowed, or divorced  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Day)  (Day)  (Day)  (Tear)	STATE OF MARYLAND—	CERTIFICATE OF DEATH 549	20
Village or City.  Length of residence in city of how whyre death occurred.  Length of residence in city of how whyre death occurring.  2. FULL NAME  (a) Residence: No.  Length of residence in city of how whyre death occurring.  (b) Length of residence in city of how whyre death occurring.  (a) Residence: No.  Length of residence in city of how whyre death occurring.  (b) Length of residence in city of how whyre death occurring.  (a) Residence: No.  Length of residence in city of how whyre death occurring.  (b) Length of residence in city of how whyre death occurring.  (a) Residence: No.  Length of residence in city of how whyre death occurring.  (c) Length of residence in city of how whyre death occurring the city or towe and Shate PERSONAL AND STATISTICAL PARTICULARS  S. SIX   Length of residence in city of how whyre death occurring the city or towe and Shate PERSONAL AND STATISTICAL PARTICULARS  S. SIX   Length of residence in city of how whyre death occurring the city or town and Shate Personal And Sha	1. PLACE OF DEATH	82-0	1
Length of residence in city of from what death occurred and submitted of the control of the cont	County Harford	Registration Dist. No. /8	/
Length of residence in city of from whyse death occurred. J. yrs	Village or City Merden R.F.	NoSt.,	Ward
2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residenc			
(Sale of Lower Companies in which is and of worked at wo	2. FULL NAME Haldis & Brusant		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OB, DIVORCED (winte traporal)  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OB, DIVORCED (winte traporal)  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OB, DIVORCED (winte traporal)  5. Il Married, widowed, or divorced  1. HER EBY CERTIFY, That I stepded deceased from 1. Married, widowed, or particular  7. AGE Years  8. DATE OF BIRTH (month, day, and year)  1. LISTS than 1. day, hrs. or. min. 1. day, hrs. or. min. 1. SAW MILL, BARK, etc. S. SHNER, SONKEEPER, etc. S. Industry or besiness in which Is some or operation.  9. Industry or besiness in which Is some or operation. 9. Industry or besiness in which Is some or operation. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or besiness in which Is SAW MILL, BARK, etc. 9. Industry or	n 100 10		
3. SEX  4. COLOR OR RACE OR DIVORCED (cyine the perets)  THERED Y CONTROL (Day)  5. Il married, addowed, or divorced (cr) Will of William C. Bryand  5. Il married, addowed, or divorced (cr) Wilf of William C. Bryand  5. DATE OF BIRTH (month, day, and year)  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or divorced  1 liast saw h. L. elive on.  1 liast saw h. L. elive			ate
### Standard Order of North Control of Spiral Co		MEDICAL CERTIFICATE OF DEATH	
5.9. If married, widowed, or divorced Hyberhold (or) Wife of Welliam C. Bygard (or) Welliam C		21. DATE OF DEATH May 30	~ 7
### AND		(Month) (Day)	(Year)
8. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade, profession, or particular  8. Trade, profession, or particular  8. SAWER, BOOKKEESS STANER, Assauch  8. John Staner, Assauch  8. SAWER, BOOKKEESS STANER, Assauch  8. SAWER, BOOKKEESS STANER, Assauch  8. SAWER, BOOKKEESS STANER, Assauch  8. John Staner, Assauch  9. John St	HUSBAND OF GAS INC.		ceased from
7. AGE  Years  Months  Days  If LESS than  I day	Man C. Bryant	Janey 2 , 1036, to May 29	., 19.3 K.
8. Trade, profession, or particular kind of work done, as SPINNER for which done as SPINNER SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at the work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State of country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place Manner of injury  19. UNDERTAKER ALMAN JANAN  19. UNDERTAKER ALMAN JANAN  20. FILED  18. BURIAL, CREMATION, OR REMOVAL  Place Manner of injury  19. UNDERTAKER ALMAN JANAN  19. OF FILED  18. SIRCHERATION, OR REMOVAL  Place Manner of injury  19. UNDERTAKER ALMAN JANAN  19. OF FILED  19. OF FILED  19. UNDERTAKER ALMAN JANAN  19. OF FILED  20. FILED  21. STRAIN OF REMOVAL  PROPERTY OF THE PROPERTY		I last saw har elive on hard. 191;	death is said
8. Trade, profession, or particular kind of work done, as SPINNER Arway (SWYER) BOOKEPER, etc. Arway (Swyer) Bookeper (Swyer)			
Sind of work done, as SPINNER.  SAVER, BOXKEPER, etc.  Solver West done, as SPINNER.  Solver West was done as SPINNER.  Solver West done as SPINNER.  Solver West done as SPINNER.  Solver West was done of importance:  Other Courributery Causes of importance:  Other Cou		were as follows:	Date of onset
Other Coutributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State ok country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place Manufacture  19. UNDERTAKER	kind of work done, as SPINNER,	Carrotectares	
Other Coutributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State ok country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place Manufacture  19. UNDERTAKER	9. Industry or business in which		
Other Coutributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State ok country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place Manufacture  19. UNDERTAKER	SAW MILL, BANK, etc		
Other Coatributery Causes of importance:    12. BIRTHPLACE (city or town)	- I this occupation (month and I (2 ) / Spent in this / 2 / A		
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State obsountry)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, GREMATION, OR REMOVAL Place Municipal Country  19. UNDERTAKER (Address)  20. FILED  10. State or country  11. INFORMANT  12. Country  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, GREMATION, OR REMOVAL Place Municipal Country  18. BURIAL, GREMATION, OR REMOVAL Place Municipal  18. BURIAL, GREMATION, OR REMOVAL (Address)  18. State or country  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Address)  (Address)  (Address)	11.1.00.	Other Contributory Causes of importance:	
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  Allury  Action		Cerebral hemoralane	
14. BIRTHPLACE (city or town)   State of country)   State of country)   State of country   State or country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    18. BURIAL, CREMATION, OR REMOVAL   Place   State of country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKER   State of country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKER   State of country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKER   State of country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKER   State of country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKER   State of country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKER   State of country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKER   State of country   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKER   Specify city or town, country and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    19. UNDERTAKEN   Specify city or town, country and State   Specify city or town, country and State   Specify city or town, country and State   Specify city or town,	# 13. NAME John Strolls		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OB REMOVAL Place  19. UNDERTAKER  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Nature of injury  19. UNDERTAKER  Accident, suicide, or homicide?  Specify whether lnjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER  Accident, suicide, or homicide?  Specify whether lnjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  19. UNDERTAKER  Accident, suicide, or homicide?  Specify whether lnjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  19. UNDERTAKER  Accident, suicide, or homicide?  Specify whether lnjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	14. BIRTHPLACE (CATY or town)	Name of operation	
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OB REMOVAL  Place Manuface Camely Date June 1. 2.5., 19.3.7.  19. UNDERTAKER Alary January Jours  (Address)  20. FILED June 2., 19.3.7.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify city or town, county and state)  Speci	(State okcountry) / Sermany		opsy?
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OB REMOVAL  Place Manuface Camely Date June 1. 2.5., 19.3.7.  19. UNDERTAKER Alary January Jours  (Address)  20. FILED June 2., 19.3.7.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify city or town, county and state)  Speci	15. MAIDEN NAME amelia Cresevell	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:	
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Manuface Camely Date June 1. 2.5., 19.3.7.  19. UNDERTAKER Alary January Jours  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT M. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Manner of injury Nature of injury  19. UNDERTAKER Security Sould (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  26. FILED Superior (Signed)  (Signed)  (Address)  (Address)  (Address)	(State or country)	(Specify city or town, county and State)	
18. BURIAL, CREMATION, OB REMOVAL Place Months Carnety Date June 1, 2, 1937.  19. UNDERTAKER Alary January Jours (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) (Signed) (Address)  (Address)  (Address)  (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
Place Munician Carrely Date June 1. 25., 19 J.7.  19. UNDERTAKER Serving Sous (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) (Signed) (M.P. Registrar. (Address)		Manner of injury	
20. FILED June 2, 19 87. Q.C. Michael (Signed) (Address) (Address) (Address)	Place Montean Camely Date June 12., 1937		
20. FILED JUNE 2, 19 27 Q.C. Michael (Signed) (Signed) (Address) Checken W.S. (Address)	19. UNDERTAKER Stenry January Jones	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED JUNE 2., 19. 9. 19. 19. 19. 19. 19. 19. 19. 19.		If so, specify	
	20. FILED June 2, 19 87 Q.C. Michael	(Signed) Host Virule	M.,P
			u.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	_ li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

CATE OF DEATH	500
- 82-a/	
Registration Dist. No. / 5	
ospital or institution, give its NAME instead of street and a	Ward
ospital or institution, give its NAME instead of street and ni ong in U.S. if of foreign birth?yrsmo:	umber)
S. Veteran, specify WAR Linit Wa	N
Ward.  If nonresident give city or town and it	State
DICAL CERTIFICATE OF DEATH	
DEATH MA	7
(Month) (Day)	193 (Year)
IEREBY CERTIFY, That I attended of	
1930, to May 10	death is said
n tha date stated ebove, et 45 A.m.	; death is said
AUSE OF DEATH end related causes of japportance	
bul Hemorrhage	Data of onset
- 1	
elity	
e soury	
Causes of importance:	
Date of	
d diagnosis? Was there en e	
to external causes (VIOLENCE) fill in also the following	
or homicide? Date of Injury	
occur?	:)
jury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
injury in any way related to accupation of deceased?	Α
( XX Dellero 1	) /m. p.
10 ) I des a gal	de l'in. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- viii- vij	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLAINLY

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			108	) a	
County Handnul C	ev		Registration Dist. No	2	
Village or City Fullst			NoSt,St,St,		
Langth of residence in city or town whare d	eath occurrad 4	yrsmos.	ds. How long In U.S. if of foreign birth?yrsn	nosds.	
2. FULL NAME Aller	worch	un Da	If U. S. Veteran, specify WAR		
(a) Residence: No. Haus			St., Ward.		
	(Usual place of		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	d State	
PERSONAL AND STATISTI					
Mule White	5. SINGLE, MARI OR DIVORCED	(write tha word)	21. DATE OF DEATH  May 5  (Month) (Oay)	, 193.7	
a. If married, widowed, or divorced	0		(month) (day)	(1641)	
HUSBAND of (or) WIFE of			22   HEREBY CERTIFY, That I attended	I deceased from	
		104.5	may 5 ,1937, 10 may 5	1937	
	nar 5-1		1/0	; death is seid	
AGE Years Months	Deys	If LESS than I day,hrs.	to have occurred on the date stated abov at Com. The PRINCIPAL CAUSE OF DEATH and related causes of Importence		
8. Trede profession or particular	1	ormin.	Lobar meumour	Date of onset	
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	non				
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
0. Oate deceased last worked at this occupation (month end year)	11. Totel ti sper occu	ma (years) It in this pation			
(State or country)	wood		Other Contributory Causes of importance:  Typassile Banalysis	1092.4	
1 (1)	2002		<i>U</i>		
13. NAME (Augusta)  14. BIRTHPLACE (city or town)	1000	7			
(Stata or country)	Linelle	L	Name of operation		
	21-1		What test confirmed diagnosis? Was there an		
SV.	and and	7	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury		
E (State or country)	more	۷	Whara did injury occur?	, \$	
17. INFORMANT Carpagna (Addrass)	Dan	ris	(Specify city or town, county and St Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC P		
18. BURIAL, CREMATION, OR REMOVAL	Oate mi	2. 7.27	Manner of injury		
Place. At Manual. U.a.	- Vate C	ay 19.3/	Nature of injury		
19. UNOERTAKER Deany 7. 7. (Address)	a mo	1	24. Was disease or injury In any way related to occupation of deceased?		
20 FILED May 5 1937 1	E Chan	liers	(Signed) Welland P. Hudson	M. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows:  Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1921 July 5,1927	July 5,1927 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5502
1. PLACE OF DEATH	(PO)
· County Harford	Registration Dist. No. /82
Village or City Dr. Belaur	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  How long In U.S. if of foreign birth?
(a) Residence: ND. Mas (Usual place of abode)	ASt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Tensele Colored, waruld,	21. DATE OF DEATH  30  (Month)  (Day)  (Yyar)
53. If married, widowed, or divorced HUSBAND or (or) WIFE of Gillert Densby,	22. J. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 1884.	i lest saw h W alive on May 79, 1937; deeth is seld
7. AGE Years Months Days If LESS then 1 dey,hrs.	to have occurred on the date stated above et
8 Trade profession or perticular	were as follows: Data of one at
Rind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	My pertensing Cardio basselar 1935
D. Dete decesed lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: 1936
13. NAME 13 Sta. Chat.	es ourse
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Nove Dete of Nove What test confirmed diagnosis? Classical West here an autopsy? No.
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Felston, med, forte 2	Menner of Injury
Place Clarks Chargel Date June 2, 1937	Neture of injury
19. UNDERTAKER Permisstan Dec. (Address) (form de Processor)  One 9 est 20 ) E Paid and 10 an	24. Was disease or injury in any way related to occupation of deceased? No
20/4 HEBay 3/ =, 1937 M to Kichardson	(Address) Pil aur mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis MIN 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

P	6	gar	R
6.9	N	5	1
U	0	U	Z

1. PLACE OF DEATH	<u> </u>
County Herford	Registration Dist. No. 184
Village or City Rylesville	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME SIMPLEMENT A	
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CORDIVORCED (write the word)  Lesses Affaite  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h, 19, 19; death is said to have occurred on the date stated above, at 4 color m.  The PRINCIPAL CAUSE OF DEATH and related causas of importance wara as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Stillhow
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the spent of this proposition).	
11. Total tima (yaars) this occupation (month and year) bent In this occupation	
12. BIRTHPLACE (city or town) Ly leavelle (State or country)	Other Contributory Canses of Importance:
The state of the s	
13. NAME Tought of Aller 14. BIRTHPLACE (city or town) Description (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mettie B. Med  16. BIRTHPLACE (city or town) Harford les Med	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Harford les Med	Accidant, suicide, or homicide? Date of injury, 19
2 (State or country)  17. INFORMANT And By Constant March 19. (Address)  (Address)  (Rylendle Med	Whare dld injury occur?(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place - fellowship ChurchDate May 3,-, 19.3.	Nature of injury
19. UNDERTAKER Howard Stebs	24. Was disaase or injury in any way related to occupation of dacaased?
20. FILED May 5-, 1937 Jo. J. Mc Mabb-Registrar.	(Signed) It & Mrthur M.D.  (Address) Cardiff Md
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - C = W E D	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5	July 5, 1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:	in all	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

1. PLACE OF DEATH	
County Harford	Registration Dist. No. 184
Village or City Cardill.	NDSt. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredvrsmos	ds. How long In U.S. If of finelgn birth?yrsmosds.
2. FULL NAME // fysile plan	che Dooley.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE.   5 SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, OR DIVORCED (write the word)	21. DATE OF DEATH
5 Harried married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Swart Dooley.	May 7 , 1937, to May 8 , 1937
6. DATE OF BIRTH (month, day, and year) Oct 2 1893	I last saw hard alive on They 8. 1937 deeth is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, et // : I I m.
43 7 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	te della contraction of the
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Total time (years)	A habilated
SAW MILL, BANK, etc.	
this occupation (month end spent in this	
year) occupation occupation	Other Contributary Chases of importance:
(Stete or country)	
14. BIRTHPLACE (city or town) York Co Pa	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May C M Jadden 16. BIRTHPLACE (city or town) Joseph Co	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) And	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Wm Hy Coopers	Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Com.	
Plece State Bidge Date man 14037	Menner of Injury
911. 11891	Neture of Injury
19. UNDERTAKER Hubbs	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lyella ta	If so, specily
20. FILED May 10-, 1937 1-15 Lesse 11 Chables	(Signed) M. D.
Registrar.  If more blanks are needed, address State Registrar,	(Address) and of fleet
A, more vianes are needed, dadress State Registrat, 2	2411 N. Charles Street, Baltimore, Requesting U/S/No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 301 5 1937	July 5,1927	Perilonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5504
1. PLACE OF DEATH	0004
Naula	126
County Margara	Registration Dist. Np. 102
Village or City Navye a scare	ND. St., Ward death occurred in a hospity or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	
10 500 4	+
2. FULL NAME //19 Cla Just	<i>C</i>
(a) Residence: No. Lart alepacit,	Ward.
(Usual playfor abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OIVORCED (write the word)	21. DATE OF DEATH May 8, 1937 (Ger)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of U km Aliven	22. I HEREBY CERTIFY. Thet I attended deceased from
MI a land	april 5, 193/, to May 8, 193
6. DATE OF BIRTH (month, dey, and year)	Hast sew h. C. Y. ellve on
7. AGE Years Months Day If LESS then 1 day,hrs.	to have occurred on the date stated ebove, et
54 // 3 ormin.	The PRINCIPAL CAUSE OF OEATH end related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Present
	Claute Stemorrhagic 1-16
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	nephrites !
SAW MILL, BANK, etc	Court Cholycystetis - alr.
this occupation (month and / c ) spent in this	Primary cause of the Auto cholocystitis: - 5-19.
year) - 4-3-/- occupation	Other Contributory Causes of importance Gallestones. Duration: since 1930
12. BIRTHPLACE (city or town)	CwfR
(State or country) / wrighten	-7
13. NAME William The dawell	
14. BIRTHPLACE (city or town)	Neme of operation Oate of
(State or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Melelia Clark	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Melia Gark	Accident, suicide, or homicide? Oate of injury 19
E (State or country) Ware stand.	Where did injury occur?
E. Tigger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Prairie Prince	openy whether injury occurred in INDUSTRI, in HOME, of INFOREIG PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manage of Intern.
Place openell and Dail ay /2, 1937	Manner of Injury
11000	Nature of injury.
19. UNDERTAKER L. C. Jym	24. Wes disease or injury In eny wey related to occupetion of deceesed?
(Address) (desiry Sun Md)	If so, specify
20. FILED May 10, 1957 Cherten & Say M. S.	(Signed) M. D
A Registrar.	(Address) Port Deposit, Will
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	p. 0 1 h 1		Example II	
The principal cause of death and rel of importance were as follows:			The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis JU	5 190	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MU.V.	July 5,1927	Peritonitis	3 days ago
-				
Other contributory causes of import	ance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RICE RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PD

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	5	505
County Horford	Registration Dist. No. 184	
Village or City Street	No	Ward
Length of rasidence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and nur ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Colors State	breath	
(a) Residence: No. Street 2006	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word)	21. DATE OF DEATH  (Month)  (Oay)	93 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WAPE of I farma Stubbe	22. I HEREBY CERTIFY, That I attended de May 27 19.37, to	
6. DATE OF BIRTH (month, day, and year) Selection 1 & Selection 2 & Sele	to have occurred on the date stated above, at	death Is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased last workad at this occupation (month and year) spant in this occupation.	Curties sclerais hy for tension and papeling Primary Cause: Careboal Thewarthofaces J. Dwinton: Only days. Cuts R.	Date of onset
12. BIRTHPLACE (city or town) (Stata er country)	1	
13. NAME John John 14. BIRTHPLACE (city or town) 224		
14. BIRTHPLACE (city or town)	Name of operation	
(State of Country)	What tast confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  Llass  Bull  Llass	23. If death was due to external causes (VtOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify dity or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  19. 19. 3.7	Manner of injury	
19. UNDERTAKER 21. Thomas 21. Charles (Address) 57 22. 22. 22.	24. Was disease or Injury in any way related to occupation of deceased?	215
20. FILED 911 ay 29, 1937 74. L. J. Mc Malor. Registrar.	(Signed) It Court with Vision Paragraph Vision N. Charles Street Belginger Paragraph V. N.	M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as collows; of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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DEATH

OF

AUSE mation

LION

18. BURIAL, CRIMATION, OR REMOVAL

19. UNDERTAKER

(Address)

pe

plnous

#### IT IL CORPORETO INTE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. N (If death occurred in a hospitation institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_. Length of residence in city or town whara death occurred If U. S. Veteran, specify WAR Ward. ual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL/PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) suc (Month) (Oay) 5a. If married, widowad, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19\_\_\_\_\_ to\_\_\_\_ 6. DATE OF BIRTH (month, day, and year) 7. AGE Months to have occurred on the date stated abova, at. 1 day,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. **Cate of onset** 8. Trada, profession, or particular CCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc .... 2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oata decaased last worked at 11. Total tima (years) this occupation (month and spent in this year) \_ occupation Other Contributory Causes of Importance: Yord of 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. Date of (State or country) What test confirmed diagnosis? MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

24. Was diseasa or injury in any way related to occupation of deceased

S. No.

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	Example L		1	Example II	
The principal cause of of importance were as	death and related	dauses [	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 5	1937	915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S.	Jul 5,1927	Peritonitis	3 days ago
Other contributory caus	ses of importance	:		Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECERD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B. WRITE PLAINLY, WITH

V. S. No. 1

Village or City. Have de March Courted in a horpital actionalisme, pare in NAME massed of arcet and washer)  Langth of residence in city or town where death occurred 13. yrs	1. PLACE O	SIAIL (	JE MARYLA	שמו	CERTIFICATE	OF DEA	IH	0507
(If death occurred in a hospital or institution, give in NAME interest of street and number)  Langth of residence in city or town where death occurred. Jay 71		9+a	Hood		10=	Registration	Dist. No. 183	_
2. FULL NAME. FLANDS ARRIVED Models (a) Residence: No. 5 6 4 Color of Received Advisory (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR UNFORCED (CARRIED WIDOWED) 6. DATE OF BIRTH (month, day and year) 6. DATE OF BIRTH (month, day and year) 7. AGE 8. Trade, protession, or particular (RS) 8. SAYWER BOOKKEFER, at 6. 9. AGE OF BOATH AND relative of the data stated above, at 4:7.70 mm.  8. Trade, protession, or particular (RS) 8. SAYWER BOOKKEFER, at 6. 9. AGE OF BOATH and related causes of importance occupation  11. Total time (ryarz) 9. AND COLOR OR RACE 9. AGE OF BOATH AND TRACE (CITY or town) 9. AGE OF BOATH AND TRACE (CITY or town) 9. AGE OF BOATH AND TRACE (CITY or town) 9. AGE OF BOATH AND TRACE (CITY or town) 9. AGE OF BOATH AND TRACE (CITY or town) 9. AGE OF BOATH AND TRACE (CITY or town) 9. AGE OF BOATH (CITY OF BIRTH) 15. BIRTHPLACE (CITY or town) 15. AND TRACE (CITY or town) 15. AND TRACE (CITY or town) 15. AND TRACE (CITY or town) 16. BIRTHPLACE (CITY or town) 16. BIRTHPLACE (CITY or town) 17. INFORMANT 18. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. BIRTHPLACE (CITY or town) 19. AGE OF BOATH (AGE OF BOATH) 19. AGE OF BOATH (AGE OF BOATH) 19. AGE OF BOATH (AGE OF BOATH) 19. AGE OF BOATH (	1		le Brai		death occurred in a hospital or iosti		E instead of street an	
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3. SEX  4. COLOR OR RACE OR DIVENCED (which the word)  The standard widowed, or diversion  So. It married, widowed, or diversion  Gr. DATE OF BIRTH (month, day and year)  OBJECT OF BIRTH (month, day and year)  T. AGE  Vests  Month  Day's  II LESS than  1 day, hrs. or min.  SAWYER, BOOKKEPER, sto.  SAWYER, BOOKKEPER, sto								
OR DIVORCED (white the word)  Name of operation.  OR DIVORCED (white the word)  Name of operation.  OR DIVORCED (white the word)  Name of operation.  Name of operatio			-			CERTIFICATE	OF DEATH	
Sa. It married, widowed, or dispricad HUSBANO of HUSBANO or HUSBAN	January Comments	6			21. DATE OF DEATH	my 30		, 193 7
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month  Days  1 deys have a live on 5 197, to 5 197, death is said to have occurred on the data stated above, at 4.7.20.4 m.  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows:  Oate of onset when the data stated above, at 4.7.20.4 m.  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows:  Oate of onset when the data stated above, at 4.7.20.4 m.  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows:  Oate of onset when the data stated above, at 4.7.20.4 m.  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows:  Oate of onset when the data stated above, at 4.7.20.4 m.  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows:  Oate of onset when the data stated above, at 4.7.20.4 m.  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows:  Oate of onset when the data stated above, at 4.7.20.4 m.  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows:  Oate of onset	5a. If married, widow		mance	ev		/ (Month)	(Day)	(Year)
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7. ACE  Years  Month  Days  IILESS than 1 dey,	6. DATE OF BIRTH	(month, day, and year)	une 9th 19	7/1	i last saw h alive on	5 3	193	7.; death is said
8. Trade, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEFER, atc.  9. Industry or business in which work was done, as SILK MILL. Houseway 10. Date of ease of limportance series in which work was done, as SILK MILL. Houseway 10. Date dacasased last worked at the occupation work was done, as SILK MILL. Houseway 10. Date dacasased last worked at the occupation work was done, as SILK MILL. Houseway 11. Total time (years) spent in this occupation work was done, as SILK MILL. Houseway 11. Total time (years) spent in this occupation work was done, as SILK MILL. Houseway 11. Total time (years) spent in this occupation work was done, as SILK MILL. Houseway 11. Total time (years) spent in this occupation work was done, as SILK MILL. Houseway 11. Total time (years) spent in this occupation work was done, as SILK MILL. Houseway 11. Total time (years) spent in this occupation.  12. BIRTHPLACE (city or town) The was de Invance with the second importance:  13. NAME Was Hera an autopsy? Was there are autopsy? What tast confirmed diagnosis? Was there are autopsy? What tast confirmed diagnosis? Was there are autopsy? What tast confirmed diagnosis? Date of injury. 19. Where did injury occur? (Specify city or town, country and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  14. BURNAL, CREMATURE for REMOVAL. Place Address? House of injury.  15. UNDERTAKER Bullouf Turned House Address? House of injury and way related to occupation of dacasaed? (Signad) Remove of injury in any way related to occupation of dacasaed? (Signad) Remove of injury in any way related to occupation of dacasaed? (Signad) Remove of injury in any way related to occupation of dacasaed? (Signad) Remove of injury in any way related to occupation of dacasaed? (Signad) Remove of injury in any way related to occupation of dacasaed?								
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17. INFORMANT  (Address) 564 Suiges of Have do Suece  18. BURIAL, CREMATION OR REMOVAL  Place Specify Date June 3 1937.  19. UNDERTAKER Bulloch Fusion Drown (Address) Form of Lace of	E   (State o	r country) Z	earylan	d	Where did Injury occur?	(Specify city or	tour county and S	
Place Shrines Curating Date. June 3.19.37.  19. UNDERTAKER Bullock Fusical Brown 24. Was disease or injury in any way related to occupation of dacaased?  (Address) Fan de Succe Succession of Signal Cause (Signad)		564 Guins	of Steins	Gias.	Specify whethar Injury occurred	in INDUSTRY, in HO	ME, or In PUBLIC I	PLACE.
19. UNDERTAKER Bullock Fusical House 24. Was disease or injury in any way related to occupation of dacaased?  (Address) House de Succe successful fit so, specify Company of the successful fit so, specify (Signad) (Signad)	1	. 1 -+	my Date June	319.37.				
20, FILED June 3, 1937 Clarles J. Valey Bod (Signad) laughe to gevan M. E		Bullock 7	mucal H	our.	24. Was disease or injury in any			
	9/	3 ,1937 CM	reles J. Tale	Registrar.		de Le	gwa	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

W CREPOBAT

1. F	LACE OF		OF MAR	YLAND—	CERTIFICATE OF D
	County Village or City	reford	do	race	No/0/No Zeros
ent of		nca in city or town whar	e death occurred	yrs 10 (If	death occurred in a hospital or institution, give its N. S. ds. How long In U.S. if of foreign birth
state	(a) Residence	No. 101 70	O. Mes (Usual place	of abode)	Ward. If nonre
3. SEX	PERSONA	L AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFIC
me	ele	Color of RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month)
E HI	arriad, widowed ISBAND of r) WIFE of	Truce	P.ZV	lesson	22. I HEREBY CERT
e 6. DAT	OF BIRTH (m	onth, day, and yaar)	Tug 26,	1878	I last saw have alive on The
7. AGE	Years 5	8 8	Deys	If LESS than 1 dey,hrs. ormin.	to have occurred on the date steted above, et / The PRINCIPAL CAUSE OF DEATH and related were as follows:
of TION	kind of wor SAWYER, B	on, or particular k done, as SPINNER, DOKKEEPER, etc.	Minis	ter	acute Cardi
back	Industry or bu work was d SAW MILL, Date deceased	one, as SILK MILL, BANK, etc.	11. Total I	ime (years)	Primary Conse: Coronary
0	this occupe year)	tion (month and 4//	9.57 · spe	nt in this 344	Dther Contributory Causes of Importance:
12. BfR	THPLACE (city (State or countr		resand		
13 2 13	NAME / Co	tert 14	lerson		
11.	BIRTHPLACE (c		Trela	nd	Nama of operation
MOTHER 19	MAIDEN NAME		la for	e sou	23. If death was due to external ceuses (VIOL EN Accident, suicide, or homicide?
	(State or co		IP. Iter	son	Where did injury occur?(Specify Specify whether injury occurred in INDUSTRY,
	(Addrass)	N, OR REMODEL	Moder Mile	ma 70 19 7	Manner of injury
19. UN	DERTAKER (Address)	Made	ion Me	Tchelf	24. Was disease or injury In any wey related to
20. FIL	h	5 ,137 Cha	eles J. Fa	Cery M. D. Registrar.	(Signed) (Signed) (Signed) (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

E instead of street and number) \_\_\_\_\_ds. give city or town and State E OF DEATH (Day) Y. That I attended dacaasad from ses of importance Date of onset ..... Date of..... ----- Was there an eutopsy?----fill in also the following: Dete of injury ...... 19...... r town, county and State) OME, or in PUBLIC PLACE. pation of deceased?.. (Address) I were de liftoe

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
	1921 • July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

.D. Every item of infor-PHYSICIANS should state properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC. stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5509
1. PLACE OF DEATH	930
County Starkand	Registration Dist. No.
Village or Citys Harlington	NoSt.,Ward
1	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale Structure S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH  Mcy  (Month)  (Day)  (Year)
a. If married, widowad, or divorced  AUSBAND of Corp. WIFE of Corp. WIFE of Corp.  DATE OF BIRTH (month, day, and year)  DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attanded deceased from  May 1. 1937, to May 27, 1937  I last saw her. Jaiva on May 27, daath is sale
AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
8/ // // // ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Houseless SAWYER, BODKKEEPER, etc.	Chronic mysentia
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SLLK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and yaar) vaar)	J
12. BIRTHPLACE (city or town) Lancaster Co,	Other Contributary Sances of importance:
(State or country)	-
13. NAME from a Coop  14. BIRTHPLACE (city or town) dancaster Co (Stata or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eliza, Presto	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME CLUB A PRINTED TO THE CONTROL OF TH	Accident, suicide, or homicide?
17. INFDRMANT/Mrs Marjarie Reeder (Address) Darling Mad	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Daving on Date May 29., 1937	Manner of Injury
19. UNDERTAKER St. & Biley (Addrass)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED May 28, 19.37 M. Hirle	(Signed) - Constant M. I

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	8	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Puly 5, 1927 Peritonitis  Other contributory causes of importance:

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See instructions on

TION is very important.

V. S. No. 1

# SOUPOBATH LIMITS OF

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Harford	Registration Dist. No. 100
Village or City Haure de Brace	No. 358 Bourford St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where daeth occurred 25 yrs. O mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Edward Ityl	and If U. S. Veteran, specify WAR
(a) Residence: No. 35-8 Boulo	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICILIARS	MEDICAL CERTIFICATE OF DEATH

Length of residence in city or town where daeth occurred	- /
(a) Residence: No. 35-8 Bould (Usual place of abode)	St., Ward.  If U. S. Veteran, specify WAR.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 4, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cla Clip . Hyland	22.   I HEREBY CERTIFY, Thet   attended dacaesed from 1937, to May 4 , 1937
6. DATE OF BIRTH (month, day, end yaer)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin,	to heve occurred on the data stated above, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was dona, as SILK MILL, Laborer SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end 1227)  11. Total time (years) spent in this Town	Language Superculario
this occupation (month end 127 spent in this 50 yrs  12. BIRTHPLACE (city or town)  (Stata or country)	Other Contributory Causes of importence:
13. NAME Odward Hyland	
14. BIRTHPLACE (city or town). Cecol Co. (Stete or country)	Name of operation
15. MAIDEN NAME Jarah Jane Jyland  16. BIRTHPLACE (city or town). Undersom	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accidant, suicide, or homicide?, 19, 19, 19

16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

18. BURIAL, CREMATION.

19. UNDERTAKER (Address)

Registrar.

24. Was disease or injury in any wey releted to occupation of deceased? If so, spacify

Neture of injury.

PPIA

seid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example, I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  1937	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I	la de la dela de	Example II	•
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FECTIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 5 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	Wa	Ma	rd	Registration Dist. No.		
Village or City	Nach	ital		No. Name de Grace M.St., death, occurred in a hospital or institution, give its NAME instead of street and num		
Length of residence in city of the second se	Man	fith occurred	Jeffe	ry,		
(a) Residence: No	13el 0	(Usual place	of abode)	St., Ward.  If nonresident give city or town and St	ate	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
Female 4. COLOR C	hite	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH may 20 (Month) (Dey)	193_	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. Je	ffen	uf	22. I HEREBY CERTIFY, That I ettended decee		
5. DATE OF BIRTH (month, day, er	nd yeers	eb. 7	1864		-, 1 deet	
7. AGE Yeers	Months 3	Days / 3	If LESS then I dey,hrs. ormin.	to heve occurred on the dete steted ebove, et 7:30 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:		
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, Own Month of the work of the				Place as rollows.	Date	
10: Date deceesed last worked this occupetion (month year)	et and	11. Total t spe occi	ime (yeers) nt in this upetion			
12. BIRTHPLACE (city or town) M.d (State or country)				Other Contributory Causes of importence:		
13. NAME alex	ande	NE	idgon	Milly Sensis		
14. BIRTHPLACE (city or town)				Neme of operation Dete of Whet test confirmed diagnosis? Record Was there en autops:		
15. MAIDEN NAME Many Martin  16. BIRTHPLACE (city or town) Md.				23. If death was due to external causes (VIOLENCE) fill in elso the following:		
16. BIRTHPLACE (city or town)  (Stete or country)				Accident, suicide, or homicide? Date of Injury, 1		
17. INFORMANT Charles Weffers (Address)				Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.	
18. BURIAL, CREMATION, OR REMOVAL  Piece May 23, 1937  19. UNDERTAKER Dean V July  (Address) Bul an May				Manner of Injury		
				24. Wes disease or injury in eny way related to occupetion of deceesed?	u	
20. FILED Ray 23 183	7 Char	les 92/2	ley Did.	(Signed) To Slevery		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 5 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				- 4	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECOKD, Every item of infor-FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED -WRITE PLAINLY, WITH

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5513
1. PLACE OF DEATH	(1247)
County Harford	Registration Dist. No.
Village or City fordeen	No 32 New County Road St., Ward
Langth of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?  gyrs.  mos.  ds.
2. FULL NAME talherine Jewel	If U. S. Veteran, specify WAR.
(a) Residence: No.3 2 New County Coo	Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Temale White Married OR DIVORCED (white the word)	(Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of  CITCHER 6.	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sept. 2, 1873	I last saw held elive on May 28, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
63 8 23 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cyrhour gf
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9: Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10: Date deceased last worked at  11: Total Mme (years)	Juga - Hyperthopene
10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this 35 %.	<i></i>
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Timbe) Gollshald	
13. NAME Turk & Goldskald  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary (Unknown)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jewy:	Accident, suicide, or homicide?
17. INFORMANT Ch. Arthur 6. Jowell	Where did Injury occur?
(Address) aberdeen / Md.	
18. BURIAL, CREMATION, OR REMOVAL Place arlungton em Harforde May 3997	Menner of injury
19. UNDERTAKER Madreon Matchell	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO May 30, 1937 Berlia B. Knight	(Signed) N. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

0	3	X	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5514
1. PLACE OF DEATH	@
	Registration Dist. No. 184
Village or City autside Darling time	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its INAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Loves	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Colored.  Single, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  Way (7  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) May 17 1937	
6. DATE OF BIRTH (month, day, and year) ( MOY / / 73 / 73 AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular	were as follows: Itelehoru Data of onsot
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
A. Hade, profession, or pertuctal kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked et this occupetion (month end year)	
12. BIRTHPLACE (city or town) Questicle of aslens tons (State or country)	Other Contributory Causes of importance:
E	Name of a section
(State or country)	Name of operation Date of Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Emma a Smounderse	23. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Emma snowden  16. BIRTHPLACE (city or town) treet  (State or country)	Accident, suicide, or homicide? Dete of injury 19
(State or country) Harford md,	Where did injury occur?
17. INFORMANT florge fores (Address) 10 Baling tess Mcd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Menner of injury
Place May /9, 1937	Nature of injury
19. UNDERTAKER J. E. Jyson,	24. Was disease or injury In any way releted to occupation of deceased?
(Address Rusing Sun. md.	If so, specify
20. FILED May 17, 19 37 M. D. Kirks. Registrar.	(Signed) Missing Mill Missing M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis 5 1937	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

properly classified.

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AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

FOR BINDING

ARGIN RESERVED

V. S. No. 1

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1. PLACE OF DEATH	20
County Harbord	Registration Dist. No. 185
Village or City Harroldo Su	ace No. 1/1 Locust Read St. War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
L . 1	
2. FULL NAME MIS Groephe	If U. S. Veteran, specify WAR
(a) Residence: Np. /// Hole (Usual place of	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	CULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED	RIED, WIDOWED.  (write the word)  (Month)  (Day)  (Year)
ia. If married, widowed, or divorted	
(or) WIFE of Suc alked as	22.   HEREBY CERTIFY, That I attended deceased fro
14./1.	usaling I last saw hear aliva on Terran 28 1937; death is sa
. AGE Years Months Days	/7-
21- 450 × ×	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	ormin. wara as follows: Date olonse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Complete Themson 6.27.
9. Industry or business In which	·
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decased last worked at his securation (month and	ufe
Spant	it in this
year) occup	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town)	
(Stata or country) Many	
13. NAME TO Adelease  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) We allege	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unfergown	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT M. Howard for	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) // Locust Co.  8. BURIAL, CREMATION, OR REMOVAL	tad
Place Sevan Creek Data Jun	Manner of Injury
8/1 PB 0	Nature of Injury.
9. UNDERTAKER June of Seelle	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Bullotte funcial	If so, specify
20. FILED June 4 , 1937 6 Karlis J. D	Colley M. D. (Signad) (Sand) Lane del.
	Registrar. (Address) 17 Level Color of Address Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as forows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		15/0 15/1	
Other contributory causes of importance:		Other contributory austraof importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		9/	

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		(212-F)
County Harford		Registration Dist. No. 180
Village or City Edgewood, Mary:  Length of residence in city or town where death occ	(If	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)  1 ds. How long In U.S. if of foreign birth? yrs mos. d
2. FULL NAME ADELINE W. KENI 1764 K (a) Residence: No. Washington	NARD St NW	St., Ward. Washington, D. C.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALE WHITE OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) SINGLE	21. DATE OF DEATH  MAY 30 (Year)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from MAY 30 , 19.37 , to MAY 30 , 19.35
7. AGE Years Months 31 8 2	e Clerk	I last saw h.er alive on MAY 30 , 19.37; deeth is sa to have occurred on the date stated ebove, at 9:40 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onse May  intracranial homorrhage  30,193
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spent in this occupetion 2-1/3	Other Contributory Causes of importance: None
13. NAME Dr. George S. Kennar	d, D. D.	
13. NAME Dr. George S. Kennar  14. BIRTHPLACE (city or town) Batesvil (State or country) Ark.	le,	Name of operation_NoneDate of
15. MAIDEN NAME Annie B. Collin  16. BIRTHPLACE (city or town) Van Bur (State or country) Ark.		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?Accident_ Date of Injury_Mey3Q193
17. INFORMANT Mrs. Annie Kennard (Address) Fort Hoyle, Mary		Where did injury occur? Edgewood Arsenal Md. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Edgewood Arsenal Military Reservation.
18. BURIAL, CREMATION, OR REMOVAL Place Luray, Va. Date	June 3 ,1937	Menner of injury Fall from horse  Neture of injury Head injury
19. UNDERTAKER Howard K. McCome (Address) Abingdon, Md.	20:-	24. Was disease or injury in any way related to occupation of deceased? NO  If so, specify  (Signed) Henry F. Philips, Level M.C.M.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis :	1 year
٠ ;			

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

V. S. No. 1

BINDING

RESERVED

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i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
		T gow
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

B.—WRITE

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 5517
1. PLACE OF DEATH	156-20
County Sarford	Registration Dist. No. / 8 2
Village or City 13ef lin 3.7-D	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
9	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Offer C. Cliver	If U. S. Veteran, specify WAR
(a) Residence: No. Shortels Cyrula (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Manual	21. DATE OF DEATH May 25 % (Monthly (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Accuse V. Chevier	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Por 16. 1865	I last saw has alive on 2004 27 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atte 140.7.m.
7/ 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Deuts Sypto arthitis 3/20/5
Kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	
11. Total time (years) this occupation (month end year)  12. Total time (years) spent in this 50 % occupation	15 15 15 15 15 15 15 15 15 15 15 15 15 1
12. BIRTHPLACE (city or town) Sel City (State or country)	Other Contributory Causes of importence:
The state of the s	
13. NAME Sanciel Seferies  14. BIRTHPLACE (city or town) Bellins	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Half	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Selling	Accident, suicide, or homicide? Date of injury19
(State or country) Sanford Con Mid	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT WWW Lines V. Chica (Address) (Line m. J. T. D.	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Consiley,	Manner of Injury
Place Denstano HUS Date May 21, 1921	Nature of injury
19. UNDERTAKER Genry Janua Song (Address)	24. Was disease or injury In any way related to occupation of deceesed?
20. FILED May 31, 197 n C Richardson	(Signed) Wellard P. Gudson M.D.
Registrar.	(Address) — The state of the st

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis IIIN 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS  S. L. Ward  A. Registration Dist. No. D. Climitates of descent and number)  PERSONAL AND STATISTICAL PARTICULARS  S. L. Ward  A. COLOR OF RACE  S. SHINGLE, MARKED, WINDOWS  OR DISCOCCE (when the many of the control of the c	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5518
Village or City  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred with city of the city.  Langth of raidonce in city golyon where dash occurred with city.  Langth of raidonce in city golyon where dash occurred with city.  Langth of raidonce in city golyon where dash occurred with city.  Langth of raidonce in city golyon where dash occurred where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred in the country.  Langth of raidonce in city golyon where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred on the city city occurred on the city city occurred in the case state of book, a.b. 13.5 J., death is said to have occurred on the city city occurred in instity occurred on the city city occurred in incommentation.  Langth of the city occurred in incommentation of the city city occurred in incommentation.  Langth occurred in a country occurred in incommentation.  Langth occur	1. PLACE OF DEATH	(93.50)
Village or City  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred.  Langth of raidonce in city golyon where dash occurred with city of the city.  Langth of raidonce in city golyon where dash occurred with city.  Langth of raidonce in city golyon where dash occurred with city.  Langth of raidonce in city golyon where dash occurred with city.  Langth of raidonce in city golyon where dash occurred where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred in the country.  Langth of raidonce in city golyon where dash occurred on the city.  Langth of raidonce in city golyon where dash occurred on the city city occurred on the city city occurred in the case state of book, a.b. 13.5 J., death is said to have occurred on the city city occurred in instity occurred on the city city occurred in incommentation.  Langth of the city occurred in incommentation of the city city occurred in incommentation.  Langth occurred in a country occurred in incommentation.  Langth occur	County Harbord	Registration Dist. No. 18/
Langth of rasidance in city g-byon where dash occurred . S. yrs	116611-11-1	No. St. Ward
2. FULL NAME  (a) Residence: No.  (b) A Color or RACE  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED  OR DYORCEO Genite has word)  (Monthly Color)  (Date Of BIRTH (month, day, and year)  7. AGE  Years  Month  1. Trade, profession, or particular marks  1. Trade, profession, or particular marks  3. SEX  1. Married, widowed, or divorced (my winer)  1. AGE  Years  Month  1. Trade, profession, or particular marks  3. STAME, BAIK, 86.  3. SAM MILL, BAIK, 86.  3. SAM	1 e (If	death occurred in a hospital or institution, give its NAME instead of street and number)
(3) Residence: No.  (4) Residence: No.  (Charaplace of abode)  (Char	P11 1 11 (0)	
Comparison of the personal And Statistical Particulars	2. FULL NAME WHEN A. OSVIN	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIROWED, OR BYOKED GOWITCH to ways)  53. If marriad, widowed, or divorced (17) MITCH MONTH, day, and year)  54. DATE OF BIRTH (month, day, and year)  55. Mare of BIRTH (month, day, and year)  56. DATE OF BIRTH (month, day, and year)  57. AGE  Years  Monty  Days  11 LESS tiden 1 day		
But of the country of		
5. If marriad, widowed, or divorced HUSBAND of Membry Memb	OP DIVOPCED (comits the word)	1 - 5
HUSBAND of Mey. Jathie C. Clahron  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  IT LESS than 1 day, hrs. or min. Nor hrs. or min. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWMIL, BANK, etc.  12. BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME  BIRTHPLACE (city or town) (State or country)  MAIDEN NAME  LIST THANKE (city or town) (State or country)  MAIDEN NAME  LIST THANKE (city or town) (State or country)  Many January  Mary and Sales and Sales or country)  TI. INFORMANT  (Addrass)  13. NAME  LIST THANKE (city or town)  (State or country)  Many January  January  Manner of injury  What test confirmed diagnosis?  Manner of injury  What country in language or injury in any way related to posting and instance or injury  Manner of injury  19. UNDERTAKER  Manner of injury  24. Was disease or injury in any way related to posting and state)  24. Was disease or injury in any way related to posting and state)  24. Was disease or injury in any way related to posting and state)  25. FILES  MANDEN  Manner of injury  Manner of injury  (Signed)  Manner of injury  (Signed)  Manner of injury  (Signed)  MAD  MAD  MAD  MAD  MAD  MAD  MAD  MA	sum sum manies	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Monthy  Days  If LESS than 1 day,	HUSBAND of O	
T. AGE  Years  Months  1 day.	6 DATE OF BIRTH (month, dev and year) wen . 76 1869	
8. Trade, profession, or particular kind of work dona, as SPINNER, Beal Calath Grant SANYER, BOOKKEPER, etc.  9. Industry or business in which work was done as SIK MILL, SANWER, Book Captain months and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  17. INFORMANT  18. BUSINAL, CREMATIONY OR REMOVAL  Place  18. BUSINAL, CREMATIONY OR REMOVAL  Place  19. LONDERTAKER  19. John Male John John John John John John John John	7 2 2 7 7 7	diland
8. Trade, profession, or particular mind of work done as SPINNE, Fleat State S		wasa an falldung:
Solution of the solution of th	8. Trade, profession, or particular kind of work dona, as SPINNER, Beal Estah Byunt SAWYER, BOOKKEEPER, etc.	Theome mycordity
SAW MILL, BANK, etc.  12. BIRTHPLACE (city or town)    Many   13. NAME   14. BIRTHPLACE (city or town)   Many   14. BIRTHPLACE (city or town)   Many   15. MAIDEN NAME   Many   16. BIRTHPLACE (city or town)   Many	9. Industry or business in which	
Total Securation (month and 1936 occupation occupation occupation)  12. BIRTHPLACE (city or town)  (State or country)  Waryford  13. NAME  Benneth Eshorn  14. BIRTHPLACE (city or town)  (State or country)  Name of operation.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Nature of injur	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town)  (State or country)  Waryfand  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Maryfand  14. BIRTHPLACE (city or town)  (State or country)  Maryfand  What test confirmed diagnosis?  Was there an autopsy?  23. If dasth was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?  Date of Injury  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION OR REMOVAL  Place  Place  Date  Maryfand  Maryfand  What test confirmed diagnosis?  Was there an autopsy?  23. If dasth was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?  Date of Injury  New addingury occur?  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way related to postupation of decreased?  If so, spacify  (Signed)  MAD.	This occupation (month and 100 ? )   Spant in this a 1 2724	
13. NAME Blunch Ostate or country)  14. BIRTHPLACE (city or town) blunched (State or country)  15. MAIDEN NAME Barry Marker State or country)  16. BIRTHPLACE (city or town) blunched (State or country)  17. INFORMANT May Lattic E. Cashorn (Addrass)  18. BURIAL, CREMATION OR REMOVAL Place Burial Carry January Long (State or country)  19. UNDERTAKER Servy January Long (Signed)	Chi - lees	Other Contributory Couses of importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION OR REMOVAL Place	12. BIRTHPLACE (city or town)	abut afficulty Aumunn
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Sacrett M. Jackson  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT May Sacrett S. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION OR REMOVAL Place Sacrett Servery Sacrett Socrett Servery	13. NAME Bennett Osbon	Ma = Ari
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Sacrett M. Jackson  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT May Sacrett S. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION OR REMOVAL Place Sacrett Servery Sacrett Socrett Servery	I IA BIOTUDI ACE (situ or town) Kilvereleen	Name of operation Date of
15. MAIDEN NAME Sacrett M. Journal 23. If daath was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mus. Lattic E. Classon (Addrass)  18. BURIAL, CREMATION: OR REMOVAL Place Date May 15, 1937  19. UNDERTAKER Sacrety Lattic L	(State or country) mary and	
17. INFORMANT Mus: Lattil E. Clahorn (Addrass)  18. BURIAL, CREMATION OR REMOVAL Place Date May (5, 1937)  19. UNDERTAKER Servy Larring Hoors (Address)  20. FILED May 15, 1937  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Nanner of injury Nature of injury  24. Was disease or injury in any way related to postpation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in	15. MAIDEN NAME Sarrett M. Jackson	
17. INFORMANT Mus: Lattil E. Clahorn (Addrass)  18. BURIAL, CREMATION OR REMOVAL Place Date May (5, 1937)  19. UNDERTAKER Servy Larring Hoors (Address)  20. FILED May 15, 1937  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Nanner of injury Nature of injury  24. Was disease or injury in any way related to postpation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in	16. BIRTHPLACE (city or town) Chereleen	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT MIS. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION OR REMOVAL Placa Basic Consulty Date May 15, 1937.  19. UNDERTAKER Servey January James	(State or country) Mayland	
18. BURIAL, CREMATION OR REMOVAL  Place Dark Converting Date Way (5, 1937)  19. UNDERTAKER Servey Samuel James Jam		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
19. UNDERTAKER Servey Sarring Stores  (Address)  24. Was disease or injury in any way related to prespection of deceased?  If so, spacify  (Signed)  M.D.	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
(Address) Chedden med If so, spacify 20, FILED Mary 15, 1977 Old Michael (Signed) (Signed)	Place Saher Envelly Date Hay 15, 1937	Nature of injury
20. FILED Mary 15, 1974 Olo Michael (Signed) Sflyge M. M.D.	V / V / / / / /	
Registrat. (Address) A.T. C. S. S. S. M. J. M. J	20. FILED May 15, 1974 Olo Michael	(Signed) M/O.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltmore, Requesting U. S. No. 1.		7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 3 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.	i i		
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH 5519
1. PLACE OF DEATH  County Harfard	Registration Dist. No. 182
2. FULL NAME  (a) Residence: No.	No. St., Ward  death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds  etc., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR LACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND by	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)
6. DATE OF BIRTH (month, day and year) full / 860 7. AGE Years Months Days If LESS than	I HEREBY CERTIFY That I attended deceased from 1937, to 1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Pate of onese Pate of the Pate of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)  13. NAME  A Cuch Relia	
13. NAME A CUEST 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Liel Faculos)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT MEN (Address)  (Address)  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
B. BURIAL, CREMATION, OR REMOVAL Place Town Date They 555	Manner of injury
19. UNDERTAKER CARTELLE STATE (Address) Person Registrat. 20. FILED May 13, 198) n. C. Richardson Registrat.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

Zatan pro 1	li li		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	11	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 4. 1931	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3/2/2/0/

1. PLACE OF DEATH	<u>(95-ē)</u>
County Deffort	Registration Dist. No. / 8 0
Village or City Wodnelo	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?
2. FULL NAME Mary anna Lovations	1018 th 0.0.11 of 1010[8] Diffit:115
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MAY 5 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Maiden	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) John 11 7/2 - 18 51	I last saw h l alive on Min , 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. B. P. m
8 5 - 10 5 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Oate of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Myocordila
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  11. Total time (years)	,
AQ. Date deceased last worked at this occupation (month end year)	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
14. BIRTHPLACE (city or town) Beng Swarting	Name of operation Date of
(State or country) Wary Land	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Wary and Shering low	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Wary and Shiring lon  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT & t. 12 darman (Address) 2 2 50 Car Clar & Varlan DC	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Spesutia Date May 8 1937	Manner of injury
	Nature of injury
19. UNDERTAKER HOWARD K. McComas,	24. Was disease or injury in any way related to occupation of deceased? Ro
(Address) Abingdon, Md.	If so, specify
20. FILED May 6, 1937 & mily My replace	(Signed) M. D.  (Address) Lory Man M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	a dela del	Example II	:
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 1934	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(1)
County Harbord	Registration Dist. No. 182
Village or City Bel Oct 10 Pro	(If death occurred in a hospital or institution, give its NAME instead of street and number)
- Land Selan Carried	W. P
(a) Residence: No. Bel air med, (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DEVORCED (purile the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Coung 2 1899	I last saw here eliva on May 5 1937; death is said
7. AGE Years Months Days If LESS tha	
37 9 14 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER,	7
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Corcerns of
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cultrus
11. Total time (years) this occupation (month and year) year) 12. Total time (years) spant in this occupation	The state of the s
12. BIRTHPLACE (city or town) Wifeer X Roads (State or country) Hours of Condition	Other Contributory Causes of Importance:
13. NAME Lesse Walker	
13. NAME Jesse Wolker  14. BIR (HPLACE (city or town) Harford & md  (State or country)	Name of operation. Reserved of Literate of 3/18/33
15. MAIDEN NAME Catherine Cochran	What test confirmed diagnosis? X / ( Was there an du'ops)? We
16. BIRTHPLACE (city or town) Duttedge Harfa	23. If death was due to external causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Hey he walked	Where did injury occur?
(Address) Street 18. BURIAL, CREMATION, OR REMOVAL	
Place St Lynatus Oate May 19, 10	Manner of injury
19. UNDERTAKER Sources Sources	24. Was disease or injury in any way related to occupation of deceased?
(Address) farre Maville put.	If so, specify
20. FILED May 17, 1939 M. C. Richardson	(Signed) (Signed) (M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year